

## Overview

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<b>Inactive</b>	No
<b>Effective Date</b>	04/26/2021
<b>Date of Last Change</b>	01/21/2021 10:32:14.849 AM
<b>Job Profile Name</b>	VP-Medicaid Reimbursement and Community Health Center CFO
<b>Job Code</b>	2177
<b>Include Job Code in Name</b>	No
<b>Job Profile Summary</b>	The position is responsible for developing and executing the organization's Medicaid reimbursement strategies. It will also have responsibility for financial oversight and reimbursement program for the Community Health Centers. This position will have opportunity to work with and develop external consultants and internal team to oversee existing Medicaid reimbursement programs, develop new Medicaid reimbursement programs, and ensure the financial viability and the performance of our Community Health Centers.
<b>Job Description</b>	To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential duties.

This job description is a summary of the primary duties and responsibilities of the job and position. It is not intended to be a comprehensive or all-inclusive listing of duties and responsibilities. Contents are subject to change at the company's discretion.

### Education

Required - Bachelor's degree in Business, Healthcare Management or related field  
Preferred - Advanced degree in Business, Healthcare Management or related field

### Work Experience

Required - 10 years of experience in leadership role in Medicaid reimbursement or related field  
Expert understanding of the health care reform landscape  
Hands on CMS and state policy experience is imperative  
Experience in governmental accounting/reimbursement or related discipline

### Knowledge Skills and Abilities (KSAs)

- Exceptional influence skills required to report to senior executives, as well as work effectively with clinical and external partners.
- In-depth knowledge of the reimbursement legal/regulatory environment with demonstrated integrity on compliance related considerations.
- Change agent capability to support evolving business needs. Excels in a fast-paced, results-driven, highly accountable environment.
- Effective leader, with proven ability to attract and develop high quality individuals and build effective team.

- Must have computer skills and dexterity required for data entry and retrieval of information.
- Effective verbal and written communication skills and the ability to present information clearly and professionally.
- Must be proficient with Windows-style applications, various software packages specific to role and keyboard.
- Strong interpersonal skills.

#### Job Duties

- Oversees the existing and development of new Medicaid reimbursement strategies.
- Responsible for the organizations Community Health Center Finance viability and performance.
- Represents and advocates on behalf of the organization and related entities in local, state and national venues on issues related to Medicaid reimbursement, the State Medicaid Agency, the Centers for Medicare & Medicaid (CMS) on both the Regional Office as well as the Central Office, and the American Hospital Association.
- Collaborates with legal (compliance and regulatory) and finance departments to ensure all Medicaid reimbursement related activities are in accordance with government policy and guidelines.
- Direct responsibility for building, scaling and managing an organization using data-driven metrics to identify trends and make informed decisions on investments to support the growth of the organization.
- Performs other related duties as required.

The above statements describe the general nature and level of work only. They are not an exhaustive list of all required responsibilities, duties, and skills. Other duties may be added, or this description amended at any time.

Remains knowledgeable on current federal, state and local laws, accreditation standards or regulatory agency requirements that apply to the assigned area of responsibility and ensures compliance with all such laws, regulations and standards.

This employer maintains and complies with its Compliance & Privacy Program and Standards of Conduct, including the immediate reporting of any known or suspected unethical or questionable behaviors or conduct; patient/employee safety, patient privacy, and/or other compliance-related concerns. The employer is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, protected veteran status, or disability status.

#### Physical and Environmental Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Light Work - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of

those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

Normal routine involves no exposure to blood, body fluid or tissue and as part of their employment, incumbents are not called upon to perform or assist in emergency care or first aid.

The incumbent has no occupational risk for exposure to communicable diseases.

Because the incumbent works within a healthcare setting, there may be occupational risk for exposure to hazardous medications or hazardous waste within the environment through receipt, transport, storage, preparation, dispensing, administration, cleaning and/or disposal of contaminated waste. The risk level of exposure may increase depending on the essential job duties of the role.

Additional Job Description			
<b>Job Title Default</b>			
<b>Restrict to County</b>	Vice President		
<b>Management Level</b>	MGMT		
<b>Job Level</b>	Finance, Treasury & Audit		
<b>Job Family</b>	MB25		
<b>Job Category</b>	0120 - Financial managers (Census Code)		
<b>Job Classifications</b>	1.1B - 1.1B - VP (Job Group)		
	1.1 - Executive/Senior Level Officials and Managers (EEO Classification Group)		
	528003-0000/528005-0000 - Lay Personnel Salaries (v10 Salary Expense Group)		
<b>Work Shift Required</b>	No		
<b>Public Job</b>	No		
<b>Referral Payment Plan</b>			
Characteristics			
	<b>Difficulty to Fill</b>		
	Critical Job	No	
Compensation			
	<b>Compensation Grade</b>	SL08	
	<b>Compensation Grade Profile</b>		
	<b>Impacted Eligibility Rules</b>		
Qualifications			
Certifications			
<b>Certification</b>	Required	Country	Certification (Predefined)
			Certification (Not Predefined)
			Issuer (Not Predefined)
Competencies			
<b>Competencies</b>	Required	Competency	Target Rating
Competencies from Other Sources			
	Required	Competency	Source
		Target Rating	Source Type

Education					
Education	Required	Degree	Field of Study		
<b>Languages</b>					
Languages					
Required	Language	Ability	Proficiency		
Responsibilities					
Responsibilities	Required	Responsibility			
<b>Job Duties from Job Profile</b>					
<ul style="list-style-type: none"><li>Oversees the existing and development of new Medicaid reimbursement strategies.</li><li>Responsible for the organizations Community Health Center Finance viability and performance.</li><li>Represents and advocates on behalf of the organization and related entities in local, state and national venues on issues related to Medicaid reimbursement, the State Medicaid Agency, the Centers for Medicare &amp; Medicaid (CMS) on both the Regional Office as well as the Central Office, and the American Hospital Association.</li><li>Collaborates with legal (compliance and regulatory) and finance departments to ensure all Medicaid reimbursement related activities are in accordance with government policy and guidelines.</li><li>Direct responsibility for building, scaling and managing an organization using data-driven metrics to identify trends and make informed decisions on investments to support the growth of the organization.</li><li>Performs other related duties as required.</li></ul>					
Training					
Training	Required	Training	Description		
Work Experience					
Work Experience	Required	Work Experience	Experience Level		

<b>Equivalence Rule</b>
Equivalence Rule

<b>Pay</b>
Pay Rate Type

<b>Job Exempt</b>
Job Exempt

<b>Workers' Compensation Code</b>
Workers' Compensation Codes